U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Managemer and Budget No. 1215-0188 Expires 11-30-2006

his report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

3. Name and address of person filing. Name Matthew W Hemenway	E	ANG 15205							
3. Name and address of person filing. Name Matthew W Hemenway 4. Name, file number, and address of labor organization. Name IBEW Local Union 702 Labor Organization File Number 022–643 P.O. Box, Bidg., Room No., if any 5. Street 1112 S. Fourth Street 5. City West Frankfort 5. State 1112 S. Fourth Street 6. City West Frankfort 7. State 1111 S. Fourth Street 7. State 1111 S. Fourth Street 7. State 1111 S. Fourth Street 8. State 1111 S. Fourth Monroe Street 9. State 9. Sta	1. File I	Number U - <u>6559</u>		2. Fiscal Y	2. Fiscal Year Covered From:				
Name Matthew W Remenvay Name IBEW Local Union 702 Labor Organization File Number 022—643 P.O. Box, Bidg., Room No., if any Street 1112 S. Fourth Street City Boonville State Indiana ZiP Code + 4 47601 State Illinois Position in labor organization. Business Representative Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A Held an interest in, engaged in transactions (including loans) with. or certived income or other economic benefit of monerary value from an employer whose employees your organization represents or is actively seeking to represent. 8. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any 7.b. Amount. Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the dersigned's knowledge and belef, true, correct, and complete. (See the section on penalties in the instructions.)				<u> </u>	01/01/200)4 Through:	$\frac{1}{12}$ $\frac{1}{31}$	2004	
P.O. Box, Bidg., Room No., if any Street 1112 S. Fourth Street City Boonville State Indiana ZIP Code + 4 47601 State Indiana ZIP Code + 4 62896 5 Position in labor organization. Business Representative Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any 7.b. Amount. Sireet Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the dersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	3. Nam	e and address of person filing.		4. Name,	file number, and addre	ss of labor org	anization.		
P.O. Box, Bligg., Room No., if any Street 1112 S. Fourth Street City Boonville State Indiana ZiP Code +4 47601 State Indiana ZiP Code +4 62896 P.O. Box, Building and Room Number, if any State Indiana ZiP Code +4 47601 State Indiana ZiP Code +4 62896 State Indiana ZiP Code +4 62896 A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. S. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Trade Name, if any: P.O. Box, Bldg., Room No., if any Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the dersigned 5 inowisedge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Name	Matthew W Hemenway		Name	IBEW Local Un	nion 702	and the state of t		
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State Indiana	Street	1112 S. Fourth Street		Street	106 North Mon	roe Stre	et		
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State	6. Name	ary value from an employer whose employees your orgate and address of Employer (including trade name, if any).	th, or nizati	on represe	ents or is actively see	king to repre	sent.		
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dersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			Signa	ature					
Signed (0.10) 007 0770	submi	tted in this report (including the information contained in any accor	nnanvi	ina documer	its) has heen evaminar	d by the cianet	that all of the info ory and is, to the	rmation best of the	
Signed On [7/11/05] (812) 897-2770 Date Telephone Number -	Signe	ed Matt Hanning		On 7				r -	

Name of Person Filing Matthew W. Hemenway	File Number U-						
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise with your labor organization or with a trust in which your labor organization is interested.							
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer						
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street State ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.						
	12.b. Amount.						
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	er parts A and B above)						
13.a. Name and address of Employer of Labor Relations Consultant (including trade name, if any). Name Muelhausen and Stefani Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 55 W. Wacker Drive, Suite 1200 City Chicago Lite IL ZIP Code + 4 60601	Received two tickets to a Carbaseball game.	rdinal					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$ 74.00					

Name of Figure Matthew W. Hemenway	F	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or my part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise with your labor organization or with a trust in which your labor organization is interested						
8. Name and address of Business (including trade name, if any).	9 Business deals with.					
Name	a Labor Organization					
Trade Name, if any	a Labor Organization b Trust					
P.C. Box, Bldg., Room No., if any	c Employer					
Street						
City :						
State ZIP Code + 4						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	g.				
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street	11.b. Approximate dollar value	of such dealing.				
	12.a. Nature of interest held	or income received				
State ZIP Code + 4						
	12.b. Amount.					
	A I D I I					
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	1				
Name Muelhausen and Stefani	luncheon.	eal at IBEW Christmas				
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street 55 W. Wacker Drive, Suite 1200						
City Chicago						
te TL. ZIP Code + 4 60601						
13.b. Is the Business an Employer or Consultant 🔀 ?	14.b. Amount of payment.	\$29.95				